Graduate Student Certificate Plan Data Entry

Student ID _____	Student Name _____

Student Program Related Information	
Admit Term _____	(Enter semester and year)
Academic Load (for Graduate School office use only) LTHalftime _____	
Academic Program (for Graduate School office use only in the case of NDS students) GCERT	
Expected Graduation Term (if known) _____	(Optional field – enter semester and year)

Student Plan & Sub-plan Related Information (choose code/description from drop-down lists below)
Academic Plan _____
Academic Sub Plan (dynamically populates if a Distance Education sub plan exists for the plan chosen above)   * Please change the option below to a dash if you do not wish to choose a Distance Education subplan.   _____

_____   _____
Director's Signature   Date

NOTE: *If you are viewing this PDF in a browser and the Sub Plan drop-down above is not dynamically populating, please download it to your computer (right-click, Save or right-click, Save Page As) and open it with Adobe Reader or Adobe Acrobat.*